

**CHILD PARENTING TIME
("VISITATION")
and CHILD SUPPORT**

1

**To Change an
Existing Court Order**

**When Parties Agree
(Forms Packet)**



SELF-SERVICE CENTER

AGREEMENT TO CHANGE A COURT ORDER FOR PARENTING TIME ("VISITATION")

PETITIONER OR RESPONDENT THE AGREEMENT PAPERS (Forms Only)

This packet contains court forms to file an agreement to modify a court order for child parenting time. Be sure the documents are in the following order:

Order	File Number	Title	No. Pp.
1	DRMV7ft	Table of forms in this packet	1
2	DRMV7k	Checklist to file court papers to change parenting time and/or child support (when parties agree)	1
3	DRMV71f	<i>"Stipulation to Modify the Prior Court Order Regarding Parenting Time or Parenting Time and Child Support"</i>	1
4	DRMV78f	<i>"Order Modifying Parenting Time" or "Order Modifying Parenting Time and Child Support"</i>	4
5	DRCVG11f	<i>"Parenting Plan"</i>	5
6	DRS12f	<i>"Child Support Worksheet"</i>	2
7	DRS82f	<i>"Order of Assignment"</i>	1
8	DRS88f	<i>"Current Employer Information"</i>	1
9	DRMW82f	<i>"Order Stopping Order of Assignment"</i>	2

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SELF-SERVICE CENTER

COURT PAPERS TO CHANGE PARENTING TIME ("Visitation") or PARENTING TIME and CHILD SUPPORT WHEN PARTIES AGREE

CHECKLIST

You may use the forms and instructions in this packet if . . .

- ✓ You have a court order about parenting time or a court order about parenting time and child support, **AND**
- ✓ The court order that you want to change is a Maricopa County Order and It is in the child(ren)'s best interest to make a change to that order, **AND**
- ✓ Both parties to the current court order agree that you want to have the court order about Parenting Time or court order about Parenting Time and child support changed, **AND**
- ✓ The children have lived in Arizona for at least 6 months **or** since birth before you will file the agreement papers, or you talked to a lawyer who told you that you could file your case in Arizona.

✗ YOU MAY NOT USE THESE FORMS TO CHANGE CUSTODY.*

*If you want to change from joint to sole custody or sole to joint custody, refer to the checklist in the Self-Service Center's "Request" or "Agreement" "to Modify Custody, Support, and Parenting Time" packets to see if either fits your situation.

WARNING: If the order you want to change is not from this county, ask a lawyer about the requirements to file your Petition (Request) with this Court.

READ ME: Before filing documents with the Court, consult a **lawyer** to help guard against undesired and unexpected consequences. The Self-Service Center has a list of lawyers who can give you legal advice and who can help you on a task-by-task basis for a fee, and a list of court-approved mediators as well. You may view the lists at the Self-Service Centers or from our web site at: <http://www.superiorcourt.maricopa.gov/ssc/provider/lawyers.asp>

Petitioner's Name: _____
 Address: _____
 City, State and Zip Code: _____
 Telephone Number: _____
 ATLAS Number (if applicable): _____
 Attorney Bar Number (if applicable): _____
 Representing ☐ Self (Without a Lawyer) OR ☐ Attorney for Petitioner

Respondent's Name: _____
 Address: _____
 City, State and Zip Code: _____
 Telephone Number: _____
 Attorney Bar Number (if applicable): _____
 Representing ☐ Self (Without a Lawyer) or ☐ Attorney for Respondent

SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

 Name of Petitioner (in original case)

Case Number: _____ (C)

 Name of Respondent (in original case)

STIPULATION TO MODIFY THE PRIOR COURT ORDER REGARDING PARENTING TIME ("VISITATION") or PARENTING TIME AND CHILD SUPPORT

PETITIONER AND RESPONDENT AGREE AS FOLLOWS:

1. **AGREE AND UNDERSTAND:** I have read this Stipulation and *the "Order to Change Prior Parenting time and/or Support Order."* I understand and agree with what is written in the Stipulation and Order which is attached. Parenting time and Child Support, if necessary, shall be ordered in accordance with the attached Order which has been approved and signed by both parties. **(D)**
2. **PRIOR ORDER.** If the new parenting time and/or support order is granted by this court, it will replace
 The Order issued on: _____ (Month/Day/Year)
 The Order issued by: _____ (Name of Court)
 Located in this County: _____ (Name of County)
 Located in this State: _____ (Name of State)
 If the Superior Court of Arizona in Maricopa County did not issue the order, we have attached a copy of the order to the original and all copies of this Stipulation. If the Superior Court of Arizona in Maricopa County issued the order, we have attached a copy of the order to the copy of the papers for the Judge. We have not attached a copy to the original Stipulation. **(E)**
3. **PARENTING TIME AND CHILD SUPPORT.** The agreement regarding parenting time and child support is in the best interest of the minor child(ren). **(F)**

SIGNATURE BY PETITIONER AND RESPONDENT: Everything stated by me/us in this Stipulation is true and correct to the best of my/our knowledge, information, and belief. **(G)**

 PETITIONER

 Date

 RESPONDENT

 Date

SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

Name of Petitioner (in original case)

Case Number: _____

Name of Respondent (in original case)

ORDER MODIFYING

- ☐ **PARENTING TIME** ("VISITATION") or
☐ **PARENTING TIME AND CHILD
SUPPORT**

THE COURT FINDS:

1. This case has come before this court for a final Order based upon the agreement of the parties.
2. This court has jurisdiction to change parenting time and/or support, and has jurisdiction over the parties. Where it has the legal power to do so and where it is applicable to the facts of this case, this court has considered, approved, and made Orders relating to parenting time and/or support.
3. This Order applies to the following children:

NAME(S)	DATES OF BIRTH /AGE (Month/Day/Year)
_____	_____
_____	_____
_____	_____
_____	_____
4. **GROUND FOR CHANGING PARENTING TIME and/or Child Support.** Based upon the stipulation (agreement) of the parties, it is in the best interest of the child(ren) to change parenting time and/or child support at this time.

THE COURT ORDERS:

The Order regarding parenting time and/or support dated _____ is changed as follows:

A. PARENTING TIME:

1. ☐ **Reasonable parenting time** to the parent who does not have custody according to the Maricopa County Parent/Child Parenting Time Guidelines. **(OR)**
2. ☐ **Reasonable parenting time** to the parent who does not have custody according to the Parenting Plan attached. **(OR)**
3. ☐ **Supervised parenting time** but only in the presence of another person, who is named below or otherwise approved by the Court: _____

The cost of supervised parenting time shall be paid by:

☐ Mother or ☐ Father or ☐ shared equally by the parties, or as follows: _____

Case No. _____

Restrictions on parenting time: _____

(OR)

4. ☐ No parenting time rights to ☐ Mother or ☐ Father due to:

5. ☐ Other parenting time: (explain) _____

B. CHILD SUPPORT.

☐ Child Support is unchanged, or

☐ Mother or ☐ Father shall pay child support to other party in the amount of \$ _____, per month, payable on the first day of each month, beginning the first day of month following the signing of this Order. All child support payments shall be made through the Support Payment Clearinghouse by the attached Order of Assignment, and shall include an additional statutory fee for processing.

Child Support is based on the information in the Child Support Worksheet attached hereto and incorporated by reference, and the Arizona Child Support Guidelines, OR

☐ **CHILD SUPPORT DEVIATION.** The court, having considered the best interests of the child(ren), deviates from the Guidelines for the following reasons. (Describe reasons.) _____

c. MEDICAL, DENTAL, VISION CARE.

☐ **Mother** is responsible for providing: ☐ medical ☐ dental ☐ vision care insurance.

☐ **Father** is responsible for providing: ☐ medical ☐ dental ☐ vision care insurance.

Medical, dental, and vision care insurance, payments and expenses are based on the information in the Child Support Worksheet attached and incorporated by reference. The party ordered to pay must keep the other party informed of the insurance company name, address and telephone number, and must give the other party the documents necessary to submit insurance claims.

Non-Covered Expenses. Mother is ordered to pay _____ %, AND Father is ordered to pay _____ % of all reasonable uncovered and/or uninsured medical, dental, vision care, prescription and other health care charges for the minor child(ren), including co-payments.

Case No. _____

D. FEDERAL INCOME TAX DEDUCTION.

Child's Name	Date of Birth (Month, Day, Year)	Parent Entitled to Deduction	For Calendar Year
		<input type="checkbox"/> Mother <input type="checkbox"/> Father	
		<input type="checkbox"/> Mother <input type="checkbox"/> Father	
		<input type="checkbox"/> Mother <input type="checkbox"/> Father	
		<input type="checkbox"/> Mother <input type="checkbox"/> Father	

For years following those listed above while this Child Support Order remains in effect, the parties shall repeat the pattern above of claiming deductions for each child.

E. MEDIATION. The parties are required pursue court sponsored or private mediation or other form of **ADR** (Alternative Dispute Resolution) prior to filing for any future modification of custody or parenting time, or if regarding non-parent, "visitation".

F. OTHER ORDERS. This court makes further Orders relating to this matter as follows:

DONE IN OPEN COURT: _____.

JUDGE OR COURT COMMISSIONER

Case No. _____

ORDER MODIFYING PARENTING TIME or PARENTING TIME AND SUPPORT BASED UPON STIPULATION (AGREEMENT) OF THE PARTIES

Do not write or sign below this line until you are instructed to do so by Court Clerk or Notary.

OATH OR AFFIRMATION OF THE PARTIES

I have read and understand the terms of this Order to which I have agreed. I have entered this agreement of my own free will and not because of any threat or coercion.

Signature of Petitioner

Date Signed

Printed Name of Petitioner

Affirmed before me this date: _____

My Commission Expires/Seal

Deputy Clerk or Notary Public

Signature of Respondent

Date Signed

Printed Name of Respondent

Affirmed before me this date: _____

My Commission Expires/Seal

Deputy Clerk or Notary Public

Date

IV-D Representative (if applicable)

Approved as to form and content by the parties' lawyers (if applicable):

Petitioner's Lawyer: _____

Respondent's Lawyer: _____

Attorney General Signature: _____

Name of Person Filing Document: _____
 Your Address: _____
 Your City, State, Zip Code: _____
 Your Telephone Number: _____
 ATLAS Number (if applicable): _____
 Attorney Bar Number (if applicable): _____
 Representing ☐ Self (Without Attorney) OR Attorney for ☐ Petitioner ☐ Respondent

SUPERIOR COURT OF ARIZONA MARICOPA COUNTY

Name of Petitioner

Case Number _____

AND

PARENTING PLAN FOR:
☐ **JOINT CUSTODY WITH JOINT
CUSTODY AGREEMENT**
OR
☐ **SOLE CUSTODY**

Name of Respondent

☐ Mother
☐ Father

INSTRUCTIONS

This document has 3 parts: PART 1) General Information; PART 2) Custody and Parenting Time; PART 3) Joint Custody Agreement.

One or both parents must complete and sign the Plan as follows:

- a. If both parents agree to joint custody: Both parents must sign the Plan at the end of PART 2 and at the end of PART 3;
- b. If both parents agree to custody and parenting time arrangements but not to joint custody: Both parents must sign the Plan at the end of PART 2;
- c. If only one parent is submitting the Plan: That parent must sign at the end of PART 2

PART 1: GENERAL INFORMATION:

A. CHILDREN. This Plan concerns the following children: (Use additional paper if necessary)

- B. CUSTODY ARRANGEMENTS REQUESTED IN THIS PLAN:** The following custody arrangement is requested: (Check the box(es) that apply.)
- ☐ **JOINT LEGAL CUSTODY DETERMINATION DEFERRED:** The parent's request for joint legal custody is deferred to the court for determination. **OR,**
- ☐ **JOINT LEGAL CUSTODY AGREEMENT:** The parents agree to joint legal custody and request the court to approve the joint legal custody arrangement as described in this Plan, **OR**
- ☐ Mother or ☐ Father will be the primary custodial parent
- ☐ **SOLE LEGAL CUSTODY AGREEMENT:** The parents agree that ☐ Mother or ☐ Father will be the parent with sole legal custody and shall be the primary custodial parent. The parents agree that since each has a unique contribution to offer to the growth and development of their child(ren), each of them will continue to have a full and active role in providing a sound moral, social, economic, and educational environment for the benefit of the child(ren), as described in the following pages. **OR,**
- ☐ **SOLE LEGAL CUSTODY REQUESTED BY THE PARENT SUBMITTING THIS PLAN:** The parents cannot agree to the terms of custody and parenting time. The parent submitting this Plan asks the court to order custody and parenting time according to this Plan.
- ☐ **RESTRICTED, SUPERVISED, OR NO PARENTING TIME:** The parent submitting this Plan asks the court for an order restricting parenting time. The facts and information related to this request are described in the Petition.

PART 2: CUSTODY AND PARENTING TIME. Complete each section below. Be specific about what you want the judge to approve in the court order.

- A. WEEKDAY AND WEEKEND SCHEDULE:** The time-sharing schedule will be as follows:
- ☐ The children will be in the care of Father as follows: (Explain).
-
- ☐ The children will be in the care of Mother as follows: (Explain).
-
- ☐ Other custody arrangements are as follows: (Explain).
-
- ☐ Transportation will be provided as follows:
- ☐ Mother or ☐ Father will pick the children up at _____ o'clock.
- ☐ Mother or ☐ Father will drop the children off at _____ o'clock.
- Parents may change their time-share arrangements by mutual agreement with at least ____ days notice in advance to the other parent.
- B. SUMMER MONTHS OR SCHOOL BREAK LONGER THAN 4 DAYS:** The weekday and weekend schedule described above will apply for all 12 calendar months **EXCEPT:**
- ☐ During summer months or school breaks that last longer than 4 days, no changes shall be made. **OR,**
- ☐ During summer months or school breaks that last longer than 4 days, the child(ren) will be in the care of Father: (Explain.)
-
- ☐ During summer months or school breaks that last longer than 4 days, the child(ren) will be in the care of Mother: (Explain.)
-
- ☐ Each parent is entitled to a ____ week period of vacation time with the child(ren). The parents will work out the details of the vacation at least ____ days in advance.

- ☐ Should either parent travel out of the area with the child(ren), each parent will keep the other parent informed of travel plans, address(es), and telephone number(s) at which that parent and the child(ren) can be reached.
- ☐ Neither parent shall travel with the child(ren) outside Arizona for longer than _____ days without the prior written consent of the other parent or order of the court.

C. HOLIDAY SCHEDULE: The holiday schedule takes priority over the regular time-sharing schedule as described above. Check the box(es) that apply and indicate the years of the holiday access/Parenting time schedule.

Holiday		Even Years		Odd Years	
<input type="checkbox"/>	New Year's Eve	<input type="checkbox"/>	Mother	<input type="checkbox"/>	Father
<input type="checkbox"/>	New Year's Day	<input type="checkbox"/>	Mother	<input type="checkbox"/>	Father
<input type="checkbox"/>	Spring Vacation	<input type="checkbox"/>	Mother	<input type="checkbox"/>	Father
<input type="checkbox"/>	Easter	<input type="checkbox"/>	Mother	<input type="checkbox"/>	Father
<input type="checkbox"/>	4th of July	<input type="checkbox"/>	Mother	<input type="checkbox"/>	Father
<input type="checkbox"/>	Halloween	<input type="checkbox"/>	Mother	<input type="checkbox"/>	Father
<input type="checkbox"/>	Veteran's Day	<input type="checkbox"/>	Mother	<input type="checkbox"/>	Father
<input type="checkbox"/>	Thanksgiving	<input type="checkbox"/>	Mother	<input type="checkbox"/>	Father
<input type="checkbox"/>	Hanukkah	<input type="checkbox"/>	Mother	<input type="checkbox"/>	Father
<input type="checkbox"/>	Christmas Eve	<input type="checkbox"/>	Mother	<input type="checkbox"/>	Father
<input type="checkbox"/>	Christmas Day	<input type="checkbox"/>	Mother	<input type="checkbox"/>	Father
<input type="checkbox"/>	Winter Break	<input type="checkbox"/>	Mother	<input type="checkbox"/>	Father
<input type="checkbox"/>	Child's Birthday	<input type="checkbox"/>	Mother	<input type="checkbox"/>	Father
<input type="checkbox"/>	Mother's Day will be celebrated with the Mother every year				
<input type="checkbox"/>	Father's Day will be celebrated with the Father every year.				
<input type="checkbox"/>	Each parent may have the child(ren) on his or her birthday.				
<input type="checkbox"/>	Three-day weekends which include Martin Luther King Day, Presidents' Day, Memorial Day, Labor Day, Columbus Day, the children will remain in the care of the parent who has the child(ren) for the weekend.				
<input type="checkbox"/>	Other Holidays (Describe the other holidays and the arrangement.)				

- ☐ Each parent may have telephone contact with the child(ren) during the child(ren)'s normal waking hours
- ☐ Other (Explain)

D. PARENTAL ACCESS TO RECORDS AND INFORMATION: Under Arizona law (A.R.S. §25-403), unless otherwise provided by court order or law, on reasonable request, both parents are entitled to have equal access to documents and other information concerning the child(ren)'s education and physical, mental, moral and emotional health including medical, school, police, court and other records. A person who does not comply with a reasonable request for these records shall reimburse the requesting parent for court costs and attorney fees incurred by that parent to make the other parent obey this request. A parent who attempts to restrict the release of documents or information by the custodian of the records without a prior court order is subject to legal sanctions.

E. EDUCATIONAL ARRANGEMENTS:

- ☐ Both parents have the right to participate in school conferences, events and activities, and the right to consult with teachers and other school personnel.
- ☐ Both parents will make major educational decisions together. If the parents do not reach an agreement, then the final decision making regarding educational decisions shall be with
☐ Mother OR ☐ Father after consultation with _____

F. MEDICAL AND DENTAL ARRANGEMENTS:

- ☐ Both parents have the right to authorize emergency medical treatment, if needed, and the right to consult with physicians and other medical practitioners. Both parents agree to advise the other parent immediately of any emergency medical/dental care sought for the child(ren), to cooperate on health matters concerning the child(ren) and to keep one another reasonably informed. Both parents agree to keep each other informed as to names, addresses and telephone numbers of all medical/dental care providers.
- ☐ Both parents will make major medical decisions together, except for emergency situations as noted above. If the parents do not agree, then the final decision regarding medical issues will be with:
☐ Mother OR ☐ Father after consultation with _____

G. RELIGIOUS EDUCATION ARRANGEMENTS:

- ☐ Each parent may take the child(ren) to a church or place of worship of his or her choice during the time that the child(ren) is/are in his or her care.
- ☐ Both parents agree that the child(ren) may be instructed in the _____ faith.
- ☐ Both parents agree that religious arrangements are not applicable to this plan.

H. ADDITIONAL ARRANGEMENTS AND COMMENTS:

- ☐ **NOTIFY OTHER PARENT OF ADDRESS CHANGE.** Each parent will inform the other parent of any change of address and/or phone number in advance **OR** within _____ days of the change.
- ☐ **NOTIFY OTHER PARENT OF EMERGENCY.** Both parents agree that each parent will promptly inform the other parent of any emergency or other important event that involves the child(ren)
- ☐ **TALK TO OTHER PARENT ABOUT EXTRA ACTIVITIES.** Each parent will consult and agree with the other parent regarding any extra activity that affects the child(ren)'s access to the other parent.
- ☐ **ASK OTHER PARENT IF HE/SHE WANTS TO TAKE CARE OF CHILD(REN).** Each parent agrees to consider the other parent as care-provider for the child(ren) before making other arrangements.
- ☐ **OBTAIN WRITTEN CONSENT BEFORE MOVING.** Neither parent will move with the child(ren) out of the Phoenix metropolitan area without prior written consent of the other parent, or a court ordered Parenting Plan.
- ☐ **COMMUNICATE.** Each parent agrees that all communications regarding the child(ren) will be between the parents and that they will **not** use the child(ren) to convey information or to set up parenting time changes.
- ☐ **PRAISE OTHER PARENT.** Each parent agrees to encourage love and respect between the child(ren) and the other parent, and neither parent shall do anything that may hurt the other parent's relationship with the child(ren)

- ☐ **COOPERATE AND WORK TOGETHER.** Both parents agree to exert their best efforts to work cooperatively in future plans consistent with the best interests of the child(ren) and to amicably resolve such disputes as may arise.
- ☐ **PARENTING PLAN.** Both parents agree that if either parent moves out of the area and returns later, they will use the most recent ***"Parenting Plan/Access Agreement"*** in place before the move **or** the minimum Maricopa County Access Guidelines until other arrangements can be worked out.
- ☐ **NOTIFY OTHER PARENT OF PROBLEMS WITH TIME-SHARING AHEAD OF TIME.** If either parent is unable to follow through with the time-sharing arrangements involving the child(ren), that parent will notify the other parent as soon as possible.
- ☐ **MEDIATION.** If the parents are unable to reach a mutual agreement regarding a legal change to their parenting orders, they may request mediation through the court or a private mediator of their choice
- ☐ **DO NOT DEVIATE FROM PLAN UNTIL DISPUTE IS RESOLVED.** Both parents are advised that while a dispute is being resolved, neither parent shall deviate from this Parenting Plan, or act in such a way that is inconsistent with the terms of this agreement.

NOTICE TO PARENTS: Once this Plan has been made an order of the court, if either parent disobeys the court order related to parenting time with the child(ren), the other parent may submit court papers to Expedited Parenting Time Services for possible enforcement. See the Self-Service Center materials for help.

I. SIGNATURE OF BOTH PARTIES

Signature of Mother: _____ Date: _____
 Signature of Father: _____ Date: _____

PART 3: JOINT CUSTODY AGREEMENT (IF APPLICABLE):

- A.** ☐ **JOINT CUSTODY AGREEMENT:** If the parents have agreed to joint custody, the following will apply, subject to approval by the judge:
- 1. REVIEW PARENTING PLAN.** The parents agree to review the terms of the joint custody agreement and make any necessary or desired changes every _____ months from the date of this document.
 - 2. CRITERIA.** Our joint custody agreement meets the criteria required by Arizona law (A.R.S. §25-403)
 - a.** The best interests of the child(ren) are served;
 - b.** Each parent's rights and responsibilities for personal care of the child(ren) and for decisions in education, health care and religious training are designated in this Plan;
 - c.** A schedule of the physical residence of the child(ren), including holidays and school vacations is included in the Plan;
 - d.** The Plan includes a procedure for periodic review;
 - e.** The Plan includes a procedure by which proposed changes, disputes and alleged breaches may be mediated or resolved
 - f.** The parties understand that joint custody does not necessarily mean equal parenting time.

B. SIGNATURE OF BOTH PARENTS REQUESTING JOINT CUSTODY

Signature of Mother: _____ Date: _____
 Signature of Father: _____ Date: _____

(1) Name of Person Filing : _____
 Phone Number(s): _____ / _____
 In this case I am ☐ Petitioner or ☐ Respondent Or ☐ represented by Attorney
 (IF) Attorney, Name: _____ Bar No.: _____
 Atty. Email: _____ Atty. Phone: _____

**SUPERIOR COURT OF ARIZONA
 IN MARICOPA⁽²⁾ COUNTY**

PARENT'S WORKSHEET FOR CHILD SUPPORT

(3) Petitioner _____ (4) Case No. _____

(3) Respondent _____ (4) ATLAS _____

(5) Total Number of Children: _____

(6) Parent with Primary Custody: Father ☐ Mother ☐

(7) Parent who is filing this form: Father ☐ Mother ☐

(8) Gross Income figures for the OTHER PARENT are:

- ☐ **ACTUAL**, with proof, such as a recent W2 or pay stub attached, or other party's signed statement.
☐ **ESTIMATED**, based on facts or knowledge of pay before promotion or of others in similar job.
☐ **ATTRIBUTED**, based on what other party could and should be earning (see Guidelines 4e).

	FATHER		MOTHER
Gross Income (Pre-Tax Income. Before deductions.)	\$ _____	(9)	\$ _____
Spousal Maintenance Paid	\$ -	(10)	\$ -
Spousal Maintenance Received	\$ +	(11)	\$ +
Child Support Paid/Contributed	\$ -	(12)	\$ -
Support of Other Children Paid	\$ -	(13)	\$ -
Adjusted Gross Income	\$ _____	(14)	\$ _____
Combined Adjusted Gross Income	(15)	\$	_____
Basic Child Support Obligation	(16)	\$	_____
Plus Costs for:			
Medical/Dental/Vision Insurance	\$ _____	(17)	\$ _____
Childcare	\$ _____	(18)	\$ _____
Education Expenses	\$ _____	(19)	\$ _____
Extraordinary/Special Needs Child Expenses	\$ _____	(20)	\$ _____
No. of Children Age 12 or Over _____ Adjustment _____ %	(21)	\$	_____
Total Adjustments for Costs	(22)		_____
Total Child Support Obligation	(23)	\$	_____

	FATHER		MOTHER	
Each Parent's % of Combined Income	_____	% (24)	_____	%
Each Parent's Share of Tot. Support Obligation	\$ _____	(25)	\$ _____	

Adjustment for Non Custodial Parent's Costs Associated with Parenting TimeUsing Table A ☐ Table B ☐ (26)

No. of Days _____ = _____% Adjustment (from table)

x Line (16) \$ _____ (Basic Child Support Obligation) \$ _____ (27) \$ _____

Less Noncustodial Parent's Costs for:

Medical/Dental/Vision Insurance* \$ _____ (28) \$ _____

Childcare* \$ _____ (29) \$ _____

Education Expenses* \$ _____ (30) \$ _____

Extraordinary/Special Needs Child Expenses* \$ _____ (31) \$ _____

*Subtract here ONLY if ADDED-IN items 17-20 above

Adjustments Subtotal \$ _____ (32) \$ _____

Preliminary Child Support Amount \$ _____ (33) \$ _____

Self Support Reserve Test for Parent Who Will Pay

Amount from Line (14) _____ (Adj. Gross Inc.)

Minus Reserve Amount - \$775

Total = \$ _____ (34) \$ _____

Child Support to be Paid by: Father ☐ Mother ☐ \$ _____ (35) \$ _____

Share of Travel Expenses Related to Parenting Time* _____ % (36) _____ %

*Only for expenses related to travel over 100 miles, one way.

Share of Medical/Dental/Vision Costs Not Paid by Insurance _____ % (37) _____ %

I declare under penalty of perjury that the foregoing is true and correct.

Executed on: _____
Date_____
Signature of Parent

THE SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

(1) _____)
 Petitioner)
 vs.)
 (2) _____)
 Respondent)

(3) Case Number: _____

(4) ATLAS Number: _____

ORDER OF ASSIGNMENT

TO: Current and future employers or other payors of:

(5) Name: _____ SSN: _____

This order modifies and replaces any previous "Order of Assignment" with the same case number. You shall withhold court-ordered payments as follows:

Current Child Support	\$ _____
Current Spousal Maintenance/Support	\$ _____
Payments on Arrears / Interest	\$ _____
Clearinghouse Handling Fee	\$ _____ 2.25 per month*
TOTAL AMOUNT per month	\$ _____, but no more than

50% of disposable earnings (A.R.S. § 33-1131). *The Clearinghouse handling fee is set by statute and subject to change (A.R.S. § 25-510).

This **"Order of Assignment"** is effective immediately upon receipt by an employer or other payor, including self-employed persons, and continues until further Order, or until a period of 90 continuous days from the last payment to the Obligor. If you are again obligated to pay monies to the Obligor within 90 days, you are again bound by **this "Order of Assignment."** Payment must be sent to the Support Payment Clearinghouse within two (2) business days of the date the monies were withheld.

This Order of Assignment terminates on the last day of _____, _____ unless it includes an arrearage payment, in which case the total amount listed above shall continue to be withheld until further order.

You shall NOT discharge or otherwise discipline the person named in this assignment, because of service of this "Order of Assignment."

The above ATLAS number and employee's name **must** appear on the *Transmittal Form or check*. Make payments payable and send to:

Support Payment Clearinghouse, P.O. Box 52107, Phoenix, AZ 85072-2107

Dated this _____ day of _____, 20____.

 Judicial Officer or Clerk of Superior Court

CURRENT EMPLOYER INFORMATION

You may also fill out this form online at the Family Support Center Website at:
<http://www.familysupportcenter.maricopa.gov>

THIS FORM MUST BE COMPLETED FOR:

- ☐ **AN ORDER OF ASSIGNMENT (STAPLE TO THE ORDER OF ASSIGNMENT)**
- ☐ **ORDER TO STOP AN ORDER OF ASSIGNMENT (STAPLE TO THE STOP ORDER)**
- ☐ **NOTIFICATION OF A CHANGE OF EMPLOYER**

CASE NUMBER: _____

ATLAS NUMBER: _____

PAYOR NAME: _____
(PERSON TO MAKE PAYMENTS)

LIST ONLY THE EMPLOYER'S NAME AND PAYROLL ADDRESS WHERE THE ORDER OF ASSIGNMENT OR STOP ORDER SHOULD BE MAILED.

CURRENT EMPLOYER NAME: _____

PAYROLL ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

EMPLOYER TELEPHONE: _____

EMPLOYER FAX: _____

FOR COURT USE ONLY. DO NOT WRITE BELOW THIS LINE.

WA/FSC

WA/LOG ID:	_____
TYPE OF W/A	_____
DATE	_____
AMOUNT OF ORDER	_____
EMPLOYER STATUS	_____
ENTERED BY	_____
NEW W/A	_____
AG	_____
	SUB _____
	DCSE _____

- (1) Person Filing: _____
 Address: _____
 City, State, and Zip Code: _____
 Phone: _____
 Atlas Number (if applicable): _____
 Attorney's State Bar Number (if applicable): _____
 Representing ☐ Self (Without a Lawyer) OR ☐ Attorney for ☐ Petitioner OR ☐ Respondent

SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

- (2) _____ Case Number: _____ (4)
 Petitioner

ORDER STOPPING "ORDER OF ASSIGNMENT"

- (3) _____
 Respondent

TO: CURRENT employers or other payors of:

Name of Obligor: _____ (5)

Social Security Number: _____

This Order concerns the "Order of Assignment" with the same case number as this "Order Stopping Order of Assignment." The "Order of Assignment" was issued on (date) _____ (6) (Indicate the Date of "Order of Assignment").

1. ☐ You shall STOP withholding monies pursuant to the "Order of Assignment:"
☐ Immediately OR
☐ After you withhold and send \$_____ to the Support Payment Clearinghouse.

Case Number: _____

The Clerk of the Superior Court/Clearinghouse is ordered:

- ☐ To release any monies currently in the possession of the Clerk/Clearinghouse based on an Order directing the Clerk of the Court to "hold" monies pending the direction of the Court:
- ☐ to the obligee/payee in total and any future payments, OR
☐ to the obligor/payor in total and any future payments, OR
☐ to the obligee/payee in the amount of \$_____. The remainder and any future payment shall be sent to the obligor/payor, OR
☐ release current support in the amount of \$_____ per month to the obligee/payee and the remainder, if any, to the obligor/payor, OR

Case No. _____

☐ **Other:** _____

OR

☐ **To disburse any monies received by the Clerk/Clearinghouse, from the date of this Order, from the obligor/payor/employer in the amount of \$ _____ to the obligee/payee and return the remainder to the obligor/payor.**

OR

☐ **To return any monies received by the Clerk/Clearinghouse, from the date of this Order, from the obligor/payor/employer to the obligor/payor.**

OR

☐ **Other** _____

Dated: _____

Judicial Officer